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THE COMMISSIONER OF PATENTS AND TRADEMARKS

Vashington D.C. 20231

Sox Patent Applications

ransmitted herewith for filing is: [X] a new application

•	L	~3	a non	application	
	E]	a c-i-p	application of	S.N

Case Docket No.FUSA 18.263 Filed by Express Mail (Receipt No. EL522394060US) on January 23, 2001

nursuant to 37 CFR 1.10 by Brendy Lynn Belony

filed

nventor(s): Kazuyuki SATO, Takuya TERASAWA

or: ROUTING APPARATUS Enclosed are:

[X] 18 sheets of drawings.(Figs. 1, 2A-B, 3,4A-B,5-7, 8-15, 16-17, 18-20)

[X] Specification, including claims and abstract (44 pages)

[X] Declaration

[X] An assignment of the Invention to FUJTISU LIMITED

[X] A certified copy of Japanese Application No(s). 2000-295841

[X] An associate power of attorney

[] Applicant claims small entity status

[X] Post card

[X] Recording fee (as indicated below)

[X] Information Disclosure Statement, PTO-1449, copies of 1 reference

Other Other

	Col. I	Col. 2	
FOR:	NO. FILED	NO. EXTRA	
BASIC FEE			
TOTAL CLAIMS	9-20 =	0	
INDEP CLAIMS	1-3 =	0	
[] MULTIPLE DEPENDENT CLAIMS PRESENTED			

^{*}If the difference in Col. 1 is less than zero, enter "0" in Col. 2

SMALL	ENTITY
RATE	FEE
	\$355
x 9 =	\$
X40 =	\$
x 135 =	\$
TOTAL	\$

Respectfully Submitte

OTHER THAN A SMALL ENTITY		
RATE	FEE	
	\$710	
x 18 =	\$	
x 80 =	\$	
x 270 =	\$	
TOTAL	\$710	
1		

[] Please charge our Deposit Account No. 08-1634 the amount of ______ to cover the filing fee and recording fee (if any)

[X] A check in the amount of \$750.00 to cover the filing fee and the recording fee (if any) is enclosed.

[X] The Commissioner is hereby authorized to charge payment of any fee associated with this communication or credit overpayment to Deposit Account No. 08-1634. A duplicate copy of this sheet is enclosed.

Helfgott & Karas, P.C. 60th Floor Empire State Building New York, New York 10118-6098 (212)643-5000

Date: 01/23/01

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	Col. 1	Col. 2	SMALL ENTIT	OTHER THAN A SMALL ENTITY
FOR:	NO. FILED	NO. EXTRA	RATE F	EE RATE FEE
BASIC FEE			\$355	5 \$710
TOTAL CLAIMS	9-20 =	0	x 9 = \$	x 18 = \$
INDEP CLAIMS	1-3 =	0	X 40 = \$	x 80 = \$
MULTIPLE DEPE	NDENT CLAIM	IS PRESENTED	x 135 = \$	x 270 = \$
*If the difference in Col. 1 is less than TOTAL \$ TOTAL \$710				
[] Please charge our Deposit Account No. 08-1634 the amount of to cover the filing fee and recording fee (if any)				
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Helfgott & Karas, P.C. Respectfully Submitted.				